

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

STUART LIPSKIND, M.D.

License No. 17076

For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-11-0458A

**ORDER FOR LETTER OF REPRIMAND
AND CONSENT TO THE SAME
CONSENT**

Stuart Lipskind, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 17076 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-11-0458A after receiving notification from Banner Heart Hospital reporting the summary supervision of Respondent's privileges with concerns regarding his failure to adequately perform PCI procedures.

4. Board staff obtained medical records of five patients in which it was alleged that Respondent failed to appropriately perform percutaneous coronary intervention (PCI) procedures for the patients. A Medical Consultant (MC) performed a quality of care review of the five patients' charts and identified deviations from the standard of care in four of the five cases.

5. In the case of patient LL, the MC opined that it was clinically reasonable to attempt PCI to the LAD for ongoing symptoms, despite the sub-acute electrocardiographic and angiographic presentations. The MC stated, however, that three long stents utilized to

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1 cover a relatively short occlusion suggests inappropriate selection of stent size in both
2 diameter and length. The MC noted that apparent injury to the left main during LAD
3 stenting, versus inaccurate estimation of the degree of left main stenosis, resulted in the
4 need for a stent in the left main segment as well.

5 6. The MC opined that the initial assessment for patient ME was made on an
6 asymptomatic patient, who reportedly became symptomatic over the next two weeks. The
7 MC stated that the angiogram was reasonable to perform, given the patient's risk profile.
8 However, the MC noted that there was no angiographic indication to perform PCI to
9 neither the RCA nor the LAD. The MC commented that had the RCA lesion met
10 angiographic significance, which it did not, there was inappropriate selection of stent size
11 in both diameter and length. As a result, a distal edge injury was created that required
12 repeat angiography and additional stenting. This complication was not noted following the
13 initial procedure. The absence of angiographic significance generally used for PCI
14 procedures was acknowledged yet, performance of PCI to both vessels was elected – at
15 the patient's request – after typical conscious sedation was given for the procedure.

16 7. The MC found that there was clear oversizing of the stent utilized in the RCA
17 for patient JL, both in the diameter and in length. The LAD did not have an
18 angiographically significant lesion for PCI, but PCI was performed. The MC determined
19 that the stent used in this setting was oversized in its diameter complicated by no reflow
20 phenomena.

21 8. In the case of patient RC, the MC found there was significant oversizing of
22 the LCX stent. The MC observed that the use of multiple stents for an otherwise focal
23 lesion in the RCA seemed excessive, and potentially generated by vessel oversizing of the
24 initial stent, complicated by distal stent edge dissections.

1 9. After receiving the MC's report, the Board obtained additional information
2 regarding Respondent, who had since performed 15 supervised cases and 10 cases
3 reviewed by the hospital with no standard of care deviations identified. The hospital
4 notified the Board that it no longer required summary supervision for Respondent's PCI
5 procedures.

6 10. The standard of care requires a physician to appropriately select patients for
7 interventional procedure(s) versus surgical referral.

8 11. Respondent deviated from the standard of care by performing PCI to the
9 LAD for a likely sub-acute infarct without consideration of surgical revascularization for
10 patient LL.

11 12. The standard of care when performing PCI requires a physician to have
12 appropriate clinical and angiographic indications, and with appropriate selection of stent
13 sizing.

14 13. Respondent deviated from the standard of care by performing PCI for patient
15 ME without indication for PCI to LAD, inappropriate RCA stent sizing with significant
16 oversizing and secondary vessel injury at the distal stent edge.

17 14. The standard of care when performing PCI requires a physician to have
18 appropriate clinical and angiographic indications with appropriate selection of stent sizing.

19 15. Respondent deviated from the standard of care by oversizing of stent
20 diameter and length in PCI to RCA lesion in patient JL, with PCI to non-flow limiting LAD
21 lesion.

22 16. The standard of care when performing PCI requires a physician to have
23 appropriate sizing of stent(s) and/or balloons.
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1 17. Respondent deviated from the standard of care by significant oversizing of
2 the LCX stent with multiple RCA stents used in a focal lesion for patient RC, likely a result
3 of stent oversizing and distal edge dissection(s).

4 18. Respondent's deviations caused harm, in the case of patient LL, by likely
5 injuring the iatrogenic vessel of the Left Main, and using a long segment of LAD stenting
6 that would limit future surgical revascularization options to this vessel. Deviations also
7 resulted in probable distal stent edge injury at stent-vessel interface in the case of patient
8 MC and implantation of multiple stents for revascularization of a short focal lesion in the
9 case of patient RC.

10 19. In the case of patient LL, there was the potential for dissection of the LAD
11 due to oversizing of the LAD stent(s), myocardial infarction, and death. There was the
12 potential for dissection, myocardial infarction, and death in the case of patient ME. There
13 was potential for vessel dissection/rupture, infarction, and death in the case of RC.

14 **CONCLUSIONS OF LAW**

15 1. The Board possesses jurisdiction over the subject matter hereof and over
16 Respondent.

17 2. The conduct and circumstances described above constitute unprofessional
18 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be
19 harmful or dangerous to the health of the patient or the public.").

20 **ORDER**

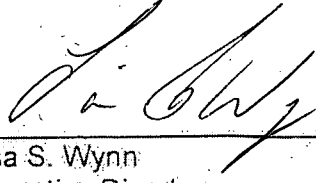
21 IT IS HEREBY ORDERED THAT:

22 Respondent is issued a Letter of Reprimand.

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25 DATED AND EFFECTIVE this 4th day of October, 2012.

ARIZONA MEDICAL BOARD

By


Lisa S. Wynn
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any

1 modifications to this original document are ineffective and void unless mutually approved
2 by the parties.

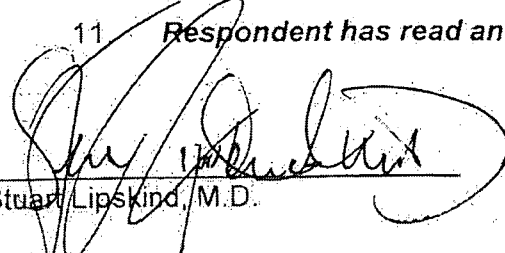
3 7. This Order is a public record that will be publicly disseminated as a formal
4 disciplinary action of the Board and will be reported to the National Practitioner's Data
5 Bank and on the Board's web site as a disciplinary action.

6 8. If any part of the Order is later declared void or otherwise unenforceable, the
7 remainder of the Order in its entirety shall remain in force and effect.

8 9. If the Board does not adopt this Order, Respondent will not assert as a
9 defense that the Board's consideration of the Order constitutes bias, prejudice,
10 prejudgment or other similar defense.

11 10. Any violation of this Order constitutes unprofessional conduct and may result
12 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
13 consent agreement or stipulation issued or entered into by the board or its executive
14 director under this chapter") and 32-1451.

15 11. ***Respondent has read and understands the conditions of probation.***

16 
17 _____
18 Stuart Lipskind, M.D.

DATED: 8/13/12

19 EXECUTED COPY of the foregoing mailed
20 this 14th day of Oct., 2012 to:

21 Mr. Robert Chelle
22 Chelle & Zoldan
23 7400 E. Pinnacle Peak Rd., Ste. 204
24 Scottsdale, AZ 85255
25 (attorney for Respondent)



1 ORIGINAL of the foregoing filed
2 this 1st day of Oct, 2012 with:

3 Arizona Medical Board
4 9545 E. Doubletree Ranch Road
5 Scottsdale, AZ 85258

6 
7 Arizona Medical Board Staff

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